RULE-MAKING ORDEI	CR-103 (June 2004) (Implements RCW 34.05.360)
Agency: Department of Health- Board of Osteopathic Medicine Surgery.	and Permanent Rule Emergency Rule
Effective date of rule: Permanent Rules 31 days after filing.	Effective date of rule: Emergency Rules Immediately upon filing.
Other (specify) (If less than 31 days after filing, a specific finding to RCW 34.05.380(3) is required and should be stated below)	under Later (specify)
Any other findings required by other provisions of law as provided in the second secon	econdition to adoption or effectiveness of rule?
Purpose: Chapter 246-854 WAC. The rules address the educate assistants. Licensure qualifications and requirements are outline rules specify scope of practice, practice parameters (including retypes of services that an osteopathic physician assistant may pro-	ed for certified and non-certified physician assistants. The mote practice sites), and supervisory requirements. The
Citation of existing rules affected by this order: Repealed: WAC 246-854-020; WAC 246-854-090 Amended: WAC 246-854-080 Suspended: NONE	
Statutory authority for adoption: RCW 18.57.005; RCW	18.57A.020
Other authority:	
PERMANENT RULE ONLY (Including Expedited Rule Making Adopted under notice filed as WSR 06-22-100 on 11/01/20 Describe any changes other than editing from proposed to aclanguage.	<u>06</u> (date).
If a preliminary cost-benefit analysis was prepared under RC contacting:	W 34.05.328, a final cost-benefit analysis is available by
Address: PO Box 47866 fax	(360) 236-494 <u>5</u> (360) 236-2406
Olympia, WA 98504-7866 e-mail <u>a</u>	arlene.robertson@doh.wa.gov
EMERGENCY RULE ONLY Under RCW 34.05.350 the agency for good cause finds: ☐ That immediate adoption, amendment, or repeal of a runch health, safety, or general welfare, and that observing the comment upon adoption of a permanent rule would be ☐ That state or federal law or federal rule or a federal deal immediate adoption of a rule.	ne time requirements of notice and opportunity to contrary to the public interest.
Reasons for this finding:	•
Date adopted: 5/11/07	CODE REVISER USE ONLY
NAME (TYPE OR PRINT) Daniel Dugaw, DO	CODE REVISER'S OFFICE STATE OF WASHINGTON FILED

TITLE **Board Chair**

Exertise Director, or behalf of

OUDE REVISER'S OFFICE STATE OF WASHINGTON FILED MAY 1 1 2007

Note: If any category is left blank, it will be calculated as zero. No descriptive text.

Count by whole WAC sections only, from the WAC number through the history note.

A section may be counted in more than one category.

The number	of sections	adopted in	order to	comply with:

Negotiated rule making:

Other alternative rule making:

Pilot rule making:

The number of sections adopted in o	rder to co	omply	with:	t			
Federal statute:	New	<u>0</u>		Amended	<u>o</u> .	Repealed	<u>0</u> .
Federal rules or standards:	New	. <u>0</u>		Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>2</u>		Amended	<u>1</u>	Repealed	<u>0</u>
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NEW SECTION

WAC 246-854-010 Approved training and additional skills or procedures. (1) "Board approved program" means a physician assistant program accredited by:

- (a) The committee on allied health education and accreditation (CAHEA);
- (b) The commission on accreditation of allied health education programs (CAAHEP);
- (c) The accreditation review committee on education for the physician assistant (ARC-PA); or
- (d) Any successor accrediting organization utilizing the same standards.
- (2) An individual enrolled in an accredited board approved program for physician assistants may function only in direct association with his or her preceptorship physician or a delegated alternate physician in the immediate clinical setting. A trainee may not function in a remote location or in the absence of the preceptor.
- (3) If an osteopathic physician assistant is being trained to perform additional skills or procedures beyond those established by the board, the training must be carried out under the direct, personal supervision of the supervising osteopathic physician or other qualified physician familiar with the practice plan of the osteopathic physician assistant. The training arrangement must be mutually agreed upon by the supervising osteopathic physician and the osteopathic physician assistant.
- (4) Requests for approval of newly acquired skills or procedures shall be submitted in writing to the board, including a certificate by the program director or other acceptable evidence showing that he or she was trained in the additional skill or procedure for which authorization is requested. The board will review the evidence to determine whether the applicant has adequate knowledge to perform the additional skill or procedure.

NEW SECTION

WAC 246-854-015 Utilization and supervision of an osteopathic physician assistant. (1) Unless otherwise stated, for the purposes of this section reference to "osteopathic physician assistant" means a licensed osteopathic physician assistant or interim permit holder.

(2) A credentialed osteopathic physician assistant may not

practice until the board approves a practice plan jointly submitted by the osteopathic physician assistant and osteopathic physician or physician group under whose supervision the osteopathic physician assistant will practice. The osteopathic physician assistant must submit the fee under WAC 246-853-990(5) with the practice plan.

- (3) An osteopathic physician may supervise three osteopathic physician assistants. The board may consider requests to supervise more than three osteopathic physician assistants based on the individual qualifications and experience of the osteopathic physician and osteopathic physician assistant, community need, and review mechanisms identified in the approved practice plan.
- (4) The osteopathic physician assistant shall practice only in the locations designated in the practice plan.
- (5) The osteopathic physician assistant and supervising osteopathic physician shall ensure that:
- (a) The supervising osteopathic physician timely reviews all reports of abnormalities and significant deviations, including the patient's chart;
- (b) The charts of all patients seen by the osteopathic physician assistant are immediately and properly documented to include the activities, functions, services and treatment measures performed by the osteopathic physician assistant;
- (c) All telephone advice given through the osteopathic physician assistant by the supervising osteopathic physician, alternate supervising physician, or member of a supervising physician group are documented in the patient's record;
- (d) The supervising osteopathic physician provides adequate supervision and review of the osteopathic physician assistant's practice. The supervising osteopathic physician or designated alternate physician shall review and countersign:
- (i) All charts of the licensed osteopathic physician assistant within seven working days for the first thirty days of practice and thereafter ten percent of their charts, including clinic, emergency room, and hospital patients within seven working days.
- (ii) Every chart entry of an interim permit holder within two working days;
- (e) The osteopathic physician assistant, at all times when meeting or treating patients, wears identification or a badge identifying him or her as an osteopathic physician assistant;
- (f) The osteopathic physician assistant is represented in a manner which would not be misleading to the public as to his or her title.
- (6) The osteopathic physician assistant shall notify the supervisor within twenty-four hours of any significant deviation in a patient's ongoing condition as identified by EKGs, laboratory tests, or X rays not read by a radiologist.
- (7) In the temporary absence of the supervising osteopathic physician, the osteopathic physician assistant may carry out those tasks for which he or she is credentialed, if the supervisory and review mechanisms are provided by a designated alternate supervisor. If an alternate osteopathic physician is not available in the community or practice, the board may authorize a physician licensed under chapter 18.71 RCW or physician group to act as the

alternate physician supervisor. If a physician group is proposed as a designated alternate supervisor, the practice plan must specify how supervising responsibility is to be assigned among the members of the group.

- (8) The supervising osteopathic physician and the osteopathic physician assistant shall advise the board of the termination date of the working relationship. The notification must be submitted in writing within thirty days of termination and include a written report indicating the reasons for termination.
- (9) In the event that an osteopathic physician assistant who is currently credentialed desires to become associated with another osteopathic physician or physician group, he or she must submit a new practice plan and submit the fee under WAC 246-853-990(5). Board approval of the new relationship is required before the osteopathic physician assistant may begin practice under the new supervising physician. A physician assistant being supervised by an allopathic physician (MD) must be licensed and have an approved practice plan as provided in chapter 18.71A RCW.
- (10) An osteopathic physician assistant working in or for a hospital, clinic or other health organization must be credentialed. His or her responsibilities to any other physicians must be defined in the board approved practice plan.

NEW SECTION

- WAC 246-854-025 Remote practice site--Utilization. (1) "Remote practice site" means a setting physically separate from the supervising osteopathic physician's primary practice location or a setting where the osteopathic physician is present less than twenty-five percent of the practice time of the osteopathic physician assistant.
- (2) The board may approve a practice plan proposing utilization of an osteopathic physician assistant at a remote practice site if:
 - (a) There is a demonstrated need for this utilization;
- (b) There is adequate means for immediate communication between the primary osteopathic physician or alternate physician and the osteopathic physician assistant;
- (c) The supervising osteopathic physician spends at least ten percent of the documented and scheduled practice time of the osteopathic physician assistant in the remote office site. In the case of part time or unique practice settings, the osteopathic physician may petition the board to modify the on-site requirement provided adequate supervision is maintained by an alternate method. The board will consider each request on an individual basis;
- (d) The names of the supervising osteopathic physician and osteopathic physician assistant must be prominently displayed at the entrance to the clinic or in the reception area.

(3) No osteopathic physician assistant holding an interim permit shall be utilized in a remote practice site.

NEW SECTION

- WAC 246-854-035 Osteopathic physician assistant--Scope of practice. (1) For the purpose of this section, reference to "osteopathic physician assistant" means a licensed osteopathic physician assistant or interim permit holder.
- (2) The osteopathic physician assistant may perform services for which they have been trained and approved in a practice plan by the board. Those services summarized in the standardized procedures reference and guidelines established by the board may be performed by the osteopathic physician assistant unless limited in the approved practice plan.
- (3) An osteopathic physician assistant may sign and attest to any document that might ordinarily be signed by a licensed osteopathic physician, to include, but not be limited to, such things as birth and death certificates.
- (4) An osteopathic physician assistant may prescribe legend drugs and controlled substances as permitted in WAC 246-854-030.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-854-080 Osteopathic physician assistant licensure—Qualifications and requirements. ((The application shall detail the education, training, and experience of the osteopathic physician assistant and provide such other information as may be required. The application shall be accompanied by a fee determined by the secretary as provided in RCW 43.70.250. Each applicant shall furnish proof satisfactory to the board of the following:

- (1) That the applicant has completed an accredited physician assistant program approved by the board and is eligible to take the National Commission on Certification of Physician Assistants examination;
- (2) That the applicant has not committed unprofessional conduct as defined in RCW 18.130.180; and
- (3) That the applicant is physically and mentally capable of practicing as an osteopathic physician assistant with reasonable skill and safety.)) (1) Individuals applying to the board under chapter 18.57A RCW after July 1, 1999, must have graduated from an accredited board approved physician assistant program and successfully passed the National Commission on Certification of

Physician Assistants examination;

- (2) Subsection (1) of this section does not apply to an osteopathic physician assistant licensed prior to July 1, 1999.
- (3) An applicant applying for licensure as an osteopathic physician assistant must submit an application on forms supplied by the board. The application must detail the education, training, and experience of the osteopathic physician assistant and provide other information as may be required. The application must be accompanied by a fee determined by the secretary under RCW 43.70.250 as specified in WAC 246-853-990(5).
- (4) Each applicant shall furnish proof of the following, which must be approved by the board:
- (a) The applicant has completed an accredited board approved physician assistant program;
- (b) The applicant has successfully passed the National Commission on Certification of Physician Assistants examination;
- (c) The applicant has not committed unprofessional conduct as defined in RCW 18.130.180; and
- (d) The applicant is physically and mentally capable of practicing as an osteopathic physician assistant with reasonable skill and safety.
- (5) The board will only consider complete applications with all supporting documents for licensure.
- (6) An osteopathic physician assistant may not begin practice without written board approval of the practice plan for each working relationship.

NEW SECTION

WAC 246-854-085 Interim permit-Qualifications and interim permit requirements. (1) Individuals applying to the board for an interim permit under RCW 18.57A.020(1) must have graduated from an accredited board approved physician assistant program.

- (2) Interim permit holders will have one year from issuance of the interim permit to successfully pass the National Commission on Certification of Physician Assistants examination.
- (3) An applicant applying for an osteopathic physician assistant interim permit must submit an application on forms supplied by the board. The application must detail the education, training, and experience of the osteopathic physician assistant and provide other information as may be required. The application must be accompanied by a fee determined by the secretary under RCW 43.70.250 as specified in WAC 246-853-990(5).
- (4) Each applicant shall furnish proof of the following, which must be approved by the board:
- (a) The applicant has completed an accredited physician assistant program approved by the board;
 - (b) The applicant is eligible to take the National Commission

on Certification of Physician Assistants examination;

- (c) The applicant has not committed unprofessional conduct as defined in RCW 18.130.180; and
- (d) The applicant is physically and mentally capable of practicing as an osteopathic physician assistant with reasonable skill and safety.
- (5) The board will only consider complete applications with all supporting documents for the interim permit.
- (6) An osteopathic physician assistant may not begin practice without written board approval of the practice plan for each working relationship.

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 246-854-020

Osteopathic physician assistant program.

WAC 246-854-090

Osteopathic physician assistant

practice plan.